ARIZONA STATE	BOARD OF HEALTH State File No. 111
1. PLACE OF BIRTH BUREAU OF	VITAL STATISTICS Registered No. 20
STANDARD CE	ERTIFICATE OF BIRTH
County Seller	State ary mu
District or Township	or Village
- Maurchia	or Village
No	hospital or institution, give its NAME instead of street and number)
2. Full name of child Justin Jugit	(a)  If child is not yet named, make    supplemental report, as directed.
Sex of Child To be a swered ONLY 4. Twil triplet or of Diural 5. No., in order of	other 6. Legitimate 7. Date Man 9 15 3
8. FULL FATHER STATHER FULL FATHER	Full mais frame Patricia
9. Resiliptice Want Proposition	15. Residence (Usual place of short Curyoling
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race 11. Age at last birthda	16. Color or race  17. Age at last birthday (Years)
	1
12. Birthplace (city or Chapter)	18. Birthplace (city or more)
(State or country)	(State or countrally
13. Occupation	19. Occupation
Nature of Industry	Nature of Industry
20 M. at a stable at 12 and 12	11 9
	alive and now living
	DING PHYSICIAN OR MIDWIFE COS
I hereby certify that I attended the birth of this child, who wa	asatat an on the date shove stated
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	hale Brute
shows other evidence of life after birth.	(Physician - pidwife.)
a supplementi report	Itayalis aring
Month, day, year	Im / m
Registrar.	ed//W/1/19.30 (15/2)/Registrar.
1 - 1	379 - 1671
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